## Congressman Henry Cuellar Speech/Press Event Request Form

Form Completed by:			Date:		
	********	*******	*******	*********	
General Event:					
Description:					
Event Location Name	::				
Event Location Addre	ess:				
City:	y: State:		Zip:		
Event Date:	Date: Day of the week:		Time:	to	
Time Congressman to	oarrive:				
	***************	******	**********	**************	
Speaking?:	Time to speak:	Introdu	iced by:		
Issues to be discussed	by Congressman:				
Recent issues for the	group:				
	VIPs/Elected (				
	(profession, age, organiz				
Has Congressman spo	oken to this group before?	?:Y	N If so, when	, about what?:	
********	********	******	******	********	
Other:					
Flag? Y	N Certificate	e?Y	N		
Media Attending:	Y N	Mavbe			
	TV Print				
Photo/Bio of Congres	sman needed:Y	Y N	If so, send to:		
Attire: Casu	al Business	Cocktail	Black Tie		
*********	6: *********	******	******	*********	
CONTACT INFOR	MATION:				
Contact: Contact T			itle:		
Contact Phone:		Contact e-	mail address:		
Contact Fax:	C *********	Contact number on day of event (preferably cell):			
D.C. OFFICE USE:					
	/:		Date:		
Regrets Sent by:			Date:		
Congressman's Surro	gateY	N W	ho?		

<sup>\*</sup>Attach all correspondence and/or records of phone or e-mail as pertains to this event